

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
Agent Licensing Division

P. O. Box 517, Frankfort, KY 40602, 502-564-6004

<http://doi.ppr.ky.gov/kentucky/>

E-mail – KOIAgentLicensingMail@ky.gov

## RECORD CORRECTION FORM

### PLEASE CHECK ONE:

#### RESIDENT

- ☐ Moving from one location in Kentucky to another location in Kentucky
- ☐ Moving from Kentucky to another state but NOT CHANGING Kentucky principal place of business
- ☐ Moving from Kentucky to another state but NOT REQUESTING Kentucky Nonresident License
- ☐ Moving from Kentucky to another state and REQUESTING Kentucky Nonresident License

#### NON-RESIDENT

- ☐ Moving from one location to another but not changing states
- ☐ Moving from a state (other than Kentucky) to another state (other than Kentucky)
- ☐ Moving from another state to Kentucky but NOT CHANGING other state as principal place of business
- ☐ Moving from another state to Kentucky but NOT REQUESTING Kentucky resident license
- ☐ Moving from another state to Kentucky and WILL APPLY FOR Kentucky resident license

FOR DETAILS VIEW FORM INSTRUCTIONS at: [http://doi.ppr.ky.gov/kentucky/Documents/Agent/Form\\_8303\\_Frm\\_Inst\\_Jun\\_18b.pdf](http://doi.ppr.ky.gov/kentucky/Documents/Agent/Form_8303_Frm_Inst_Jun_18b.pdf)

Full Name: \_\_\_\_\_ SSN or FEIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Correct SSN or FEIN (Tax ID)(if applicable) \_\_\_\_\_ Correct Date of Birth \_\_\_\_\_

( ) New Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) New Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) New Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) e-mail address \_\_\_\_\_ (Signature required below)

**CHANGE OF NAME** - The Office will issue at no charge, a replacement license [KRS 304.9-140(3)]. **You must return your original issued license** with additional documentation indicated below, and this completed form [KRS 304.9-200(2)].

**NAME** as it appears on our records: \_\_\_\_\_ SSN or FEIN: \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**DBA: Add:** \_\_\_\_\_ **Delete:** \_\_\_\_\_

- Reason: ( ) a. Marriage (Attach copy of Marriage Certificate)
- ( ) b. Divorce
- ( ) c. Court Proceedings (Attach copy of Court Order)
- ( ) d. Amendment of Articles of Incorporation (Attach copy of approved Amendment)
- ( ) e. Amendment of Partnership Agreement (Attach supporting Documents)

**I understand, and hereby attest under penalty of perjury, that all the above information is true and correct. I am aware that submitting false information is grounds for license revocation, and may subject me to civil or criminal penalties.**

Signature

Date

*Every licensee is responsible for notifying EACH state in which they hold a license, of changes in addresses and/or name.*

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**CHANGE OF ADDRESS** - Please note, if changing the city or state the Office of Insurance will issue, without charge, a replacement license certificate containing the new address [KRS 304.9-140(3)]. You must return your original issued license with this form and a current certification letter from the new state of residence [KRS 304.9-200(1)]. License must be conspicuously displayed in each of the places of business in Kentucky [KRS 304.9-390(2)].

\*You may complete change of address or name electronically through a password-protected account at <http://doi.ppr.ky.gov>. Click on eServices, top right of the home page, set up password information to view information or make changes to your record electronically.

*KRS 304.2-120(4) and KRS 304.9-200(2) require you to notify the Department of Insurance within 30 days, in writing, every time you change your business or residence address. Furthermore, KRS 304.99-020 permits this Office to levy an administrative penalty of up to One Thousand Dollars (\$1,000) or Two Thousand Dollars (\$2,000) depending on the type of license, per violation, for failure to do so.*